Screen for Maternal Depression at 2-Month Visit

BY SHERRY BOSCHERT San Francisco Bureau

NEWPORT BEACH, CALIF. Screening for postpartum depression at the 2-month well-child visit caught most cases of maternal depression that developed within 6 months of delivery, according to a study of 199 young mothers.

In addition, an electronic medical record system that prompted health care providers to screen for postpartum depression in the study made screening routine and prompted referrals for all mothers who screened positive for depression, added Dr. Karolyn Kabir, who presented the results at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

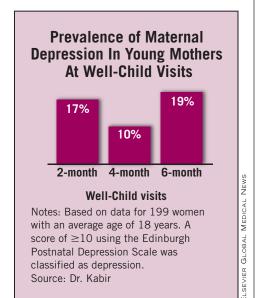
Patients in the current study averaged 18 years of age, were ethnically and racially diverse, and had completed 10th grade on average. Half lived with their parents, and 70% were primiparous.

For the study, the system cued nurses to ask mothers who brought their babies in for well-child visits through 6 months of age to complete the Edinburgh Postnatal Depression Scale (EPDS). The health care provider who then saw the patient got a second electronic prompt to enter the EPDS score, and the provider could not close the electronic chart before entering the score or selecting one of several reasons for not entering a score.

Results showed that providers administered and scored the EPDS correctly 98% of the time, reported Dr. Kabir of the University of Colorado, Denver, and her associates.

If the EPDS score was positive for postpartum depression (a score of 10 or greater), the health care provider could not close the electronic chart before recording a management plan. All mothers with positive screens in the study were referred for mental health care, she said. In a previous study by other investigators, only half of mothers who screened positive for postpartum depression were referred to a mental health provider.

In the current study, 20% of all screens were positive. EPDS scores were unstable in the first 3 weeks after delivery. Most of the positive screens were picked up at the 2-month visit, when the prevalence of postpartum depression was 17%. The



prevalence fell to 10% at the 4-month visit and rose to 19% at the 6-month visit. suggesting that if you can't screen for depression at the 2-month well-child visit, wait until the 6-month visit to screen, Dr. Kabir said.

Repeat screening of the mothers who screened negative at 2 months added only two incident cases of postpartum depression at the 4-month and 6-month well-child visits, she said.

The study cohort came from the Col-

orado Adolescent Maternity Program, a project for mothers younger than age 22 years; 85% were insured by Medicaid. Previous studies have shown that postpartum depression occurs most frequently in young women of lower socioeconomic status.

In general, risk factors for postpartum depression include having an unstable relationship with the father of the baby, inadequate social support, high life stress, and a prior history of depression or other mental illness, although many women who develop postpartum depression have none of these particular risk factors.

In the current study, 5% of mothers had a history of depression prior to pregnancy, and 22% had a history of depression during their index pregnancy, Dr. Kabir said.

Universal screening for maternal depression as a standard component of routine well-child care is gaining support," she noted. Studies have shown that treating depressed mothers benefits both the mother and the child.



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